

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER		10	2-14-01
FORMALITY REVIEW	TZ	JC947	03/05/01
RESPONSE FORMALITY REVIEW	TZ	JC947	06/19/01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final Original	RECEIVED
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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**BEST AVAILABLE COPY**